



**U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
BUREAU FOR DEMOCRACY, CONFLICT, AND HUMANITARIAN ASSISTANCE (DCHA)
OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (OFDA)**

***DEMOCRATIC REPUBLIC OF THE CONGO –
Complex Emergency***

Situation Report #2, Fiscal Year (FY) 2004

March 18, 2004

Note: the last situation report was dated October 24, 2003.

BACKGROUND

In August 1999, the government of the Democratic Republic of the Congo (GDRC); the governments of Angola, Namibia, Rwanda, Uganda, and Zimbabwe; and the main Congolese opposition groups the Rwanda-backed Congolese Democratic Assembly (RCD) and the Uganda-backed Movement for the Liberation of the Congo (MLC) signed the Lusaka Peace Accords, which called for a cease-fire and created the Inter-Congolese Dialogue (ICD) to discuss peace implementation. In November 1999, the U.N. Mission in the DRC (MONUC) began to monitor the cease-fire and assist in the disarmament, demobilization, and repatriation of foreign forces. In April 2003, the ICD concluded in Sun City, South Africa, and by July President Joseph Kabila had promulgated the transitional constitution, and signatories and civil society began to share four vice-presidential positions and other key government posts.

While peace prospects have improved at the national level, security in eastern DRC remains tenuous. In October 2002, Mai-Mai forces, RCD-Goma, and RCD-Kisangani Liberation Movement (RCD-KLM) filled the vacuum of power left by departing Rwandan and Ugandan troops. The violence culminated in the May 2003 killing of 429 residents in Bunia, Ituri District, forcing thousands of internally displaced persons (IDPs) to flee to nearby villages and neighboring Uganda and Burundi. In June, the U.N. Security Council (UNSC) deployed an Interim Emergency Multinational Force (MNF) to secure Bunia and reinforce MONUC's presence. In July, the UNSC adopted Resolution 1493 strengthening MONUC's mandate and increasing its authorized force from 8,700 to 10,800 troops. In September, a MONUC Ituri Brigade consisting of 4,000 peacekeepers replaced the MNF and began to extend MONUC's influence beyond Bunia into Ituri District.

According to the U.N., approximately 20 million people in the DRC remain vulnerable due to the effects of conflict and continued insecurity. Poverty is widespread, and the health care system has eroded due to a lack of resources and continuous looting by different parties in the conflict. Insecurity restricts access to agricultural land and traditional markets, decreasing harvest yields and contributing to the food security crisis. Sporadic insecurity continues to prevent the large-scale return of displaced populations.

NUMBERS AT A GLANCE		SOURCE
Internally Displaced Persons	3,413,000	UN OCHA (August 2003)
Refugees in the DRC	389,500	UNHCR (July 2003)
DRC Refugees	286,770	UN OCHA (August 2003)

Total FY 2004 USAID/OFDA Assistance to the DRC\$5,249,991
Total FY 2004 USAID Humanitarian Assistance to the DRC.....\$36,143,234

CURRENT SITUATION

MONUC increases troop presence in eastern DRC. In November 2003, MONUC began to redeploy 85 percent of its peacekeepers from areas along the Lusaka Accord cease-fire line, where fighting has ceased, to concentrate in the area between Bunia, Ituri District; Kindu, Maniema Province; and Uvira, South Kivu Province. Prior to November, only half of MONUC's 10,000 troops were located in eastern DRC. In addition to MONUC's Ituri Brigade, peacekeepers have arrived in Kindu, Maniema Province, to assist in the demobilization, disarmament, and rehabilitation (DDR) process. In April 2004, an additional brigade of 3,500 to 4,000 peacekeepers is scheduled to arrive in Bukavu, South Kivu Province.

MONUC faces mounting instability in Ituri District.

Since October 2003, MONUC peacekeepers have expanded their deployment into several major towns north and south of Bunia. Most recently MONUC has deployed to Mahagi, approximately 200 km northeast of Bunia along the Ugandan border. According to USAID/OFDA field reports, the security situation in Bunia town has improved in recent months and inter-ethnic tension is notably reduced. However, in January 2004, a massacre of 100 residents was reported in Gobu, 60 km north of Bunia. Breakaway factions of the Union of Congolese Patriots (UPC) and the National Integrationist Front (FNI) have attacked U.N. military observers and peacekeepers in Drodro, Iga-Barriere, Kasenyi, Djo, and Bunia. Humanitarian access to much of the region directly north of Bunia has become

problematic. IDPs living at the camp near the Bunia airport, previously ready to return home, are now reporting that they will stay in Bunia.

Insecurity in Ituri discourages return of IDPs.

Renewed instability in parts of Ituri has discouraged the return of IDPs living across the provincial border in North Kivu Province, prolonging the need for humanitarian assistance in their current location. From October to December 2003, improved security in some areas of Ituri District led an estimated 9,000 IDPs to return home, mostly to the Komanda area 70 km south of Bunia. USAID/OFDA's implementing NGO Première Urgence reported that, after peaking in December 2003, the number of families returning fell in January to approximately 70 per week. Local NGO ADECCO estimates that 112,000 IDPs, including those living in host families, remain in the Beni-Eringeti area of North Kivu Province. USAID/OFDA implementing partner Medical Emergency Relief International (Merlin) is providing emergency medical assistance to the IDPs.

Access remains limited in Walikale and Lubero, North Kivu Province. Following a November 2003 U.N. assessment mission, the U.N. Office for the Coordination of Humanitarian Affairs (UN OCHA) confirmed that Walikale, 120 km west of Goma, North Kivu Province, was in urgent need of humanitarian assistance. While most of Walikale's 15,000 residents have returned, poor roads hinder humanitarian access. Much of western Lubero territory, 150 km north of Goma, also remains inaccessible due to increased activities by Interahamwe. According to UN OCHA and the U.N. World Food Program (WFP), residents of rural Lubero territory have fled south to Kayna and Kanyabayonga, where MONUC peacekeepers are deployed. Reports suggest there is an urgent need for humanitarian assistance, but insecurity has prevented any assessment missions to the affected area.

Instability in South Kivu Province threatens renewed access. During late December 2003, Interahamwe elements, or Rwandans implicated in the 1994 genocide who subsequently fled to eastern DRC, attacked and occupied as many as eight villages around Kando, 75 km northwest of Bukavu. More than 75,000 residents fled to Kando town, where there is a MONUC presence, and other towns along the main road, considered less vulnerable to attack. In early January 2004, instability from Interahamwe attacks spread south to Kalonge town, 25 km northwest of Bukavu, causing more than 10,000 residents to flee to surrounding villages. USAID/OFDA implementing partner International Medical Corps (IMC) has responded by providing medical care and distributing food and non-food items to the IDPs. While Interahamwe attacks have not spread beyond Kando and Kalonge areas, these towns remain insecure, and the majority of IDPs cannot return home.

In February 2004, tension and sporadic fighting between two factions of the army—one backed by the ex-Kinshasa government of Joseph Kabila and the other ex-RCD—resulted in restricted humanitarian access to areas outside of Bukavu, South Kivu Province. Relief organizations, traveling to rural areas outside the city on a daily basis, were advised to stay in town until the crisis was resolved. Meanwhile, a humanitarian mission was unable to travel to Ninja, west of Bukavu, jeopardizing the lives of patients at newly established therapeutic and supplementary feeding centers. In response to the rising insecurity, MONUC accelerated the deployment of its planned Kivu Brigade. The Commander of the Kivu Brigade arrived in Bukavu on March 2, accompanied by the first contingent of the 3,500 to 4,000 troop force. Although the immediate crisis has passed, few observers believe that the political issues in question have been resolved. Many agencies, including the U.S. Embassy in Kinshasa, have restricted all travel to the Bukavu area.

The Uvira-Fizi area, south of Bukavu, continues to experience sporadic insecurity. Though many members of the Forces for the Defense of Democracy (FDD), a former Burundian armed opposition group that is now integrated into the Burundian government, have repatriated in recent months, members of the other Burundian armed opposition group, the National Liberation Forces (FNL), continue to operate in the area along the DRC shore of Lake Tanganyika. Poor road conditions hinder the delivery of humanitarian assistance and occasional incidents of insecurity discourage residents from returning to agriculture production.

Insecurity prevents humanitarian assistance in Kitenge, Katanga Province. Since mid-January 2004, a dispute between different Mai-Mai factions has caused substantial displacement of populations in the town of Kitenge, on the rail line north of Kabongo, 700 km north of Lubumbashi, Katanga Province. Médecins Sans Frontières (MSF) staff reported that Mai-Mai forces have looted, raped, and murdered in at least 50 villages, causing up to 20,000 residents to flee. While insecurity initially prevented access, MSF assisted 9,000 IDPs south of Kitenge as of March 4. Northern Kitenge remains inaccessible, leaving an estimated 10,000 IDPs without humanitarian assistance.

Security and access improve in Maniema Province. During November and December 2003, Mai-Mai forces arrived in Lubalenge, 20 km southwest of Kindu, Maniema Province, to participate in the national DDR process. Initially DDR reception centers were unprepared to host participants, and incidents of robbery, rape, and murder increased. However, in January 2004, the 1,620 remaining combatants received government salaries, easing tensions. At the same time, more than 2,600 adults and 700 children have been demobilized and reintegrated into civilian life since December 2003. The demobilization of Mai-Mai

soldiers has increased security and access throughout Maniema Province. According to UN OCHA, more than 25,000 IDPs returned home in November 2003. Merlin has extended emergency health care assistance into the rural areas of Kalima and Punia health zones, northern Maniema Province. According to USAID/OFDA field reports, poor road conditions rather than insecurity constitute the major obstacle to the delivery of humanitarian assistance to a wider area.

Resurgence of measles in North Kivu and Katanga provinces. According to UN OCHA, a measles epidemic has resurfaced in North Kivu and Katanga provinces. In January and February 2004, 22 deaths, out of a total of 466 cases, were reported in North Kivu's Mundindu, Ndogia, Birwe, Ndjingala, and Eliba health zones. In northern Katanga Province, Kabalo territory has registered 81 deaths, out of a total of 1,503 cases. In response, MSF, UNICEF, and USAID/OFDA's implementing partner the International Rescue Committee have launched a curative and preventative campaign in the affected and surrounding health zones.

USAID supports survivors of rape and other conflict-related sexual violence: From January 9 to 16, a seven-member multisectoral USAID/OFDA and USAID's Office of Transition Initiatives (USAID/OTI) team traveled to the eastern DRC to investigate the impact of rape and related violence used as weapons of war. Despite some improvements in security in parts of the eastern DRC, incidents of rape still occur frequently, and victims continue to suffer from medical and psychological trauma and widespread rejection from their communities. Due to the culture of impunity and the fear of rejection, many victims do not seek assistance, and thus current estimates of the number of rape victims understate the extent of the problem.

USAID/OFDA is providing \$200,000 to UNICEF for medical kits and medicines for victims of rape. USAID's Office of Democracy and Governance, through the Victims of Torture Fund, is currently providing \$1.8 million to assist female survivors of rape through partner NGOs. These projects offer women post-rape reconstructive surgery at two hospitals in North and South Kivu provinces. Through WFP, USAID's Office of Food for Peace (USAID/FFP) provides food to these hospitals, enabling women to stay out of the workforce while they receive treatment. Thousands of other victims receive care, counseling, and economic support.

Improved access facilitates infrastructure projects. On November 4, USAID/OFDA's implementing partner Food for the Hungry International (FHI) began the rehabilitation of the railroad between Kindu, Maniema Province, and Ngwena, 48 km south of Kabalo in Katanga Province. The project aims to reconnect major food-producing areas with important markets. FHI will rehabilitate 489 km of track and repair a key bridge, which was partially destroyed

during the war to isolate the government-held areas from rebel territory. Populations along the railroad line have stated that the restoration of rail traffic is the single most important factor in restoring food security.

On January 13, 2004, MONUC and USAID/OFDA implementing partner German Agro Action (GAA) officially inaugurated the rehabilitation of the 48 km road linking Bunia to Kasenyi in Ituri District. In addition to employing 250 local residents in the rehabilitation project, GAA distributed more than 25,000 non-food item kits containing kitchen sets, plastic sheeting, and hoes to facilitate the return of IDPs to the more secure parts of the region. Renewed access to Kasenyi is expected to increase trade and job creation, and thus improve prospects for ethnic reconciliation and security. MONUC and GAA continue to rehabilitate the road from Kasenyi to Tshomia, 20 km to the north of Kasenyi.

USG HUMANITARIAN ASSISTANCE

On October 6, 2003, U.S. Ambassador Aubrey Hooks re-declared a disaster for the ongoing complex emergency in the DRC. USAID/OFDA has provided more than \$5.2 million in emergency assistance to the DRC in FY 2004 to date. USAID/OFDA provides emergency assistance in the health and nutrition sectors, supplies emergency shelter and household equipment to IDPs and returnees, subsidizes the transportation of humanitarian personnel and materials, and supports the return of agricultural production in areas where stability has been restored.

USAID/OFDA's projects and programs target conflict-affected geographic areas with the highest mortality and malnutrition rates, and encourage implementing NGOs to expand into new areas as security permits. USAID/OFDA supports programs that build local capacity to promote the development of sustainable livelihoods. In addition, USAID/OFDA supports two Program Officers in the DRC to monitor the humanitarian situation throughout the country and make program recommendations to USAID/OFDA in Washington, D.C.

During FY 2004 to date, USAID/FFP has authorized 30,490 MT of P.L. 480 Title II emergency food assistance, valued at \$26.3 million, for WFP. During FY 2004 to date, USAID/OTI has provided more than \$2.7 million for a multi-faceted program to support the DRC's transition to peace. Through its Community-Focused Reintegration Program, USAID/OTI assists in the re-socialization and reintegration of conflict-affected youths. USAID/OTI's media program supports Radio Okapi to increase access to balanced and accurate information on the political transition processes. USAID/OTI also supports Search for Common Ground's Voices of Children project, which produces radio programs by and for children affected by war.

U.S. GOVERNMENT HUMANITARIAN ASSISTANCE TO THE DRC

<i>Implementing Partner</i>	<i>Activity</i>	<i>Location</i>	<i>Amount</i>
USAID/OFDA ASSISTANCE¹			
AAH/USA	Health and food security	South Kivu and Katanga	\$300,000
AirServ	Humanitarian air flights	Countrywide	\$500,000
CARE	Non-food items	Maniema	\$61,084
CRS	Non-food items	Maniema	\$500,000
GAA	Food security, non-food items, road rehabilitation	Ituri, North Kivu	\$950,711
GOAL	Health, nutrition	South Kivu	\$521,548
IMC	Health	Bunyakiri, South Kivu	\$256,779
MERLIN	Health	North Kivu, South Kivu, Maniema	\$259,165
Solidarités	Health and water/sanitation	North Kivu	\$440,578
UNICEF	Assistance to rape victims	Countrywide	\$200,000
World Vision	Health	North Kivu	\$547,638
Administrative Costs		Kinshasa	\$712,488
TOTAL USAID/OFDA			\$5,249,991
USAID/FFP ASSISTANCE			
WFP ²	30,490 MT of P.L. 480 Title II Emergency Food Assistance	Countrywide	\$26,322,771
TOTAL USAID/FFP			\$26,322,771
USAID/OTI ASSISTANCE			
Search for Common Ground	Community-Focused Reintegration Program, Radio Okapi, Voices of Children	Countrywide	\$2,781,784
TOTAL USAID/OTI			\$2,781,784
USAID/DG ASSISTANCE			
IRC	Assistance to rape victims	North and South Kivu	\$1,788,688
TOTAL USAID/DG.....			\$1,788,688
TOTAL USAID HUMANITARIAN ASSISTANCE TO DRC IN FY 2004			\$36,143,234

¹ USAID/OFDA funding represents committed and/or obligated amount as of March 18, 2004.² Estimated value of food assistance.


Tamra Halmrast-Sanchez
Acting Director
Office of U.S. Foreign Disaster Assistance

USAID/OFDA bulletins appear on the USAID web site at http://www.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/.